LDSS-5030 (Rev. 2/15)

NYS OTDA State Supplement Program

Living Arrangement Form

Name_____ PID_____

Residence Address _____
(Street or PO Box) (City) (State) (Zip Code)

Mailing Address if different than residence address _____
(Street or PO Box) (City) (State) (Zip Code)

Please tell us the date that your current living arrangement began: (Month/Year)_____

Using the definitions below, please check the box that best reflects your current living arrangement.

☐ **Living Alone** – You fit in this category if you meet one of the following conditions:

- You live physically alone or with a spouse receiving SSI;
- You live only with a foster child or foster children;
- You live only with a homemaker authorized by the Social Services district office or an aide paid for under the Medical Assistance (Medicaid) program;
- You live with others but pay a "flat fee for room and board" or receive a "flat fee for room and board fee" from all others in the residence;
- You live with others but take the majority of your meals during the month outside of your residence;
- You live with others but you separately prepare, or have someone separately prepare, the majority of your meals during the month;
- You have no permanent living arrangement and do not have a spouse or child with you for whom you are responsible.

☐ **Living with Others** – You fit in this category if you meet one of the following conditions:

- You live with your spouse who does **not** receive SSI;
- You live with others and you prepare food in common with at least one other person you live with;
- You live in a religious community;
- You are less than 18 years of age in any living arrangement other than Congregate Care Level 1 or 2;
- You have no permanent living arrangement and are with an ineligible spouse or child for whom you are responsible.

☐ **Congregate Care – If you currently reside in Congregate Care (Level 1, 2, or 3) OR in a Medical Care Facility throughout the month, please have someone from the facility submit the Congregate Care Change Form (LDSS-5023) to the SSP Bureau. All SSP forms are available at www.otda.ny.gov/programs/ssp. Please call us toll free at 1-855-488-0541 if there are any questions.**

I/We understand that anyone who knowingly lies or misrepresents the truth is committing a crime and can be punished under Federal law, State law, or both. Everything on this statement is the truth as best I/We know.

Applicant/Recipient/Representative Signature	Date	Spouse Signature
X		X

The completed form must be returned to **NYS OTDA State Supplement Program, PO Box 1740, Albany NY 12201**, or through e-mail at otda.sm.ssp@otda.ny.gov, or by fax to: 518-486-3459.